

Name
in
Full

Samuel F. Burgess

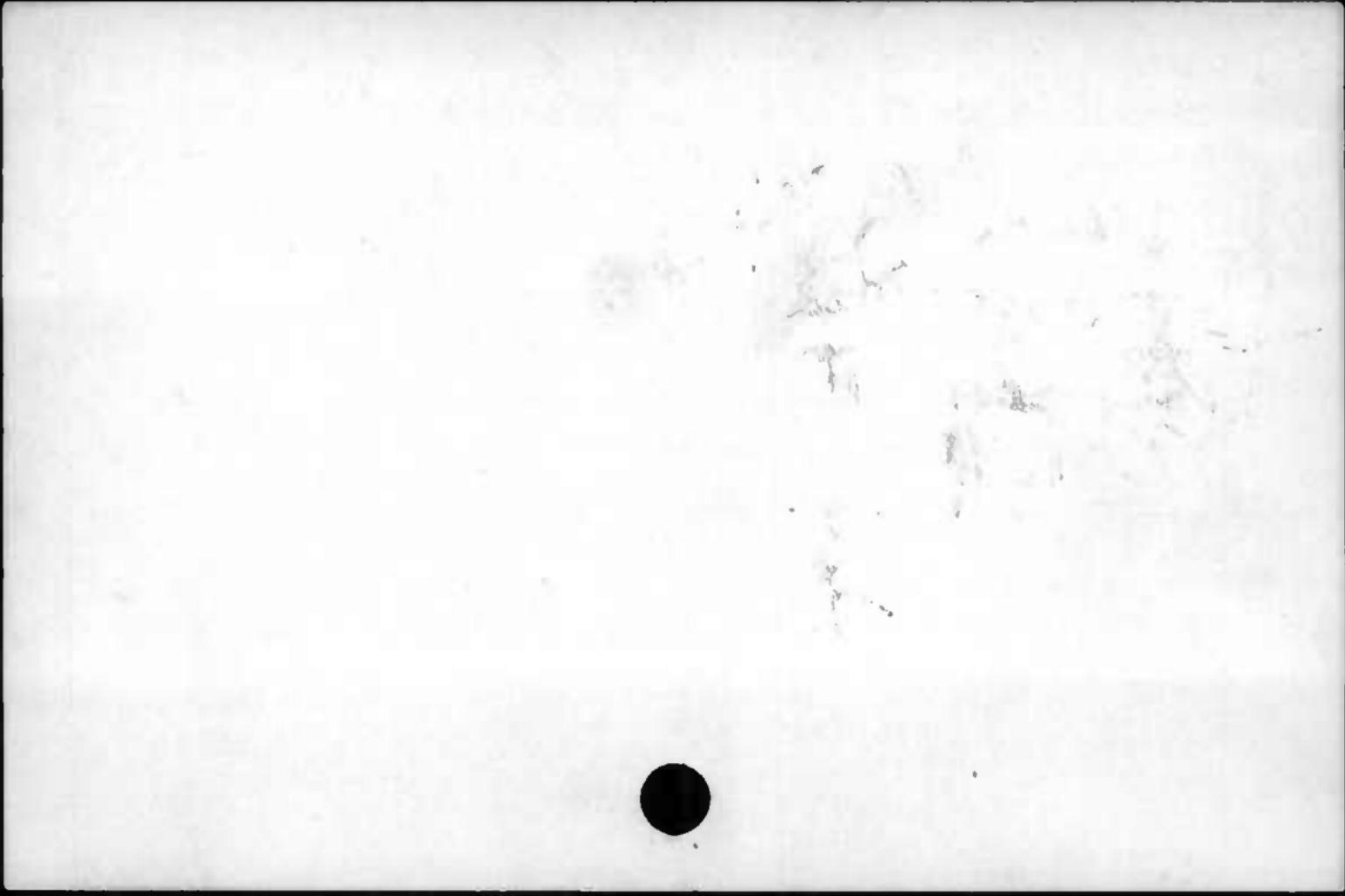
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|---|----------------------|----------|
| Town | Elkton City | County | MARYLAND |
| Died at | Elkton City | Howard | |
| Date of death 1906 | Month June | Day 20 | Years 66 |
| Sex Male | Color or Race White | Age 66 | Months — |
| Occupation Wheelwright | Where Residing if not at place of death | Birth-place Maryland | Days — |
| Married, Single or Widowed Married | Name of Wife or Husband Ella. M. Walker | | |
| Father's Name George Burgess | Father's Birthplace Maryland | | |
| Mother's Maiden Name Elizabeth Earbrough | Mother's Birthplace Maryland | | |
| Name of person giving Information Ella M Burgess | How related to deceased Wife | | |

CAUSES OF DEATH

| | | | | |
|--|-----------|-----------|--|---|
| PHYSICIAN OR CORONER | Primary | Paralysis | 93 | How long 5 weeks |
| | immediate | Pneumonia | | How long One week |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | Signature of Physician John B. Rossiter | Address 101 W. Rockwood Selbyville, Del. |
| Accident or Suicide? | | | | |



Name
in
Full

Louis Dent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------|-----------------------|------------------|----------------------|-------------------------|----------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1906 | Month June | Day 7 | Years 32 | Months | Days |
| Sex Male | Color or Race colored | Occupation Labor | Birth-place Maryland | | |
| Married, Single or Widowed Married | Husband | | | James Dent | |
| Name of Wife or Husband | James Dent | | | Father's Birthplace | Maryland |
| Father's Name | James Dent | | | Mother's Birthplace | Maryland |
| Mother's Maiden Name | Sophia Dent | | | How related to deceased | Brother |
| Name of person giving information | Bash Dent | | | | |

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis - Phthisis 21 How long
8 months

Immediate

Orthopnea

How long

Are the name, age, sex, color, date and place correctly given above?

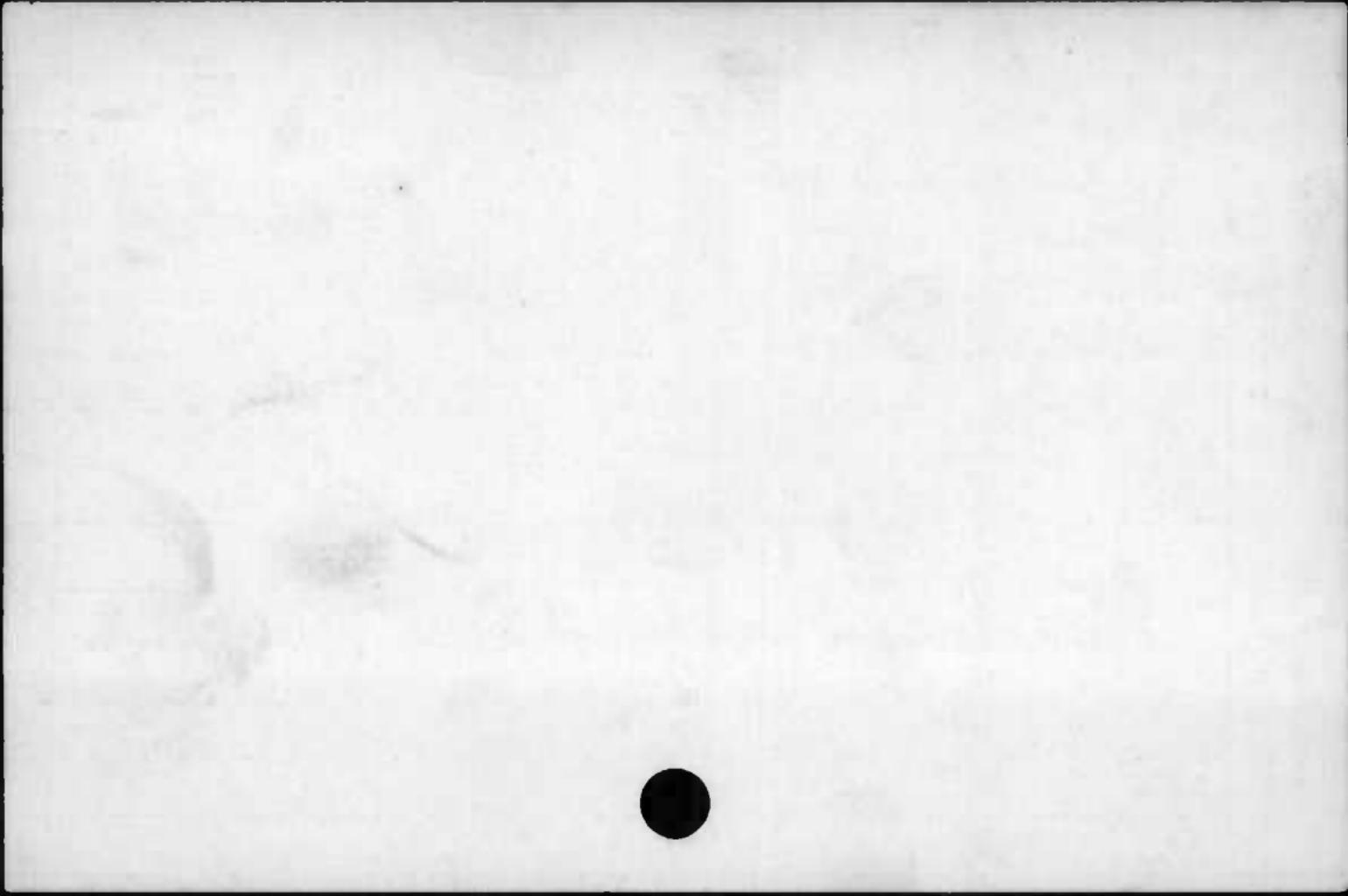
Yes

Signature of Physician

Address

Mr. W. B. Rogers and
S. Scott aged 32

Accident or Suicide?



Name
in
Full

Bradley O. Gering

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|------------------------------|----------------|-------------------------|-----------------------------|
| Died at <u>Pine Orchard</u> Town <u>Howard</u> County | | | | MARYLAND | |
| Date of death 1906 | Month <u>June</u> | Day <u>26</u> | Years <u>7</u> | Months <u>1</u> | Days <u>26</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Occupation <u>School Boy</u> | | | Birth-place <u>Maryland</u> |
| Married, Single or Widowed | | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | <u>John H Gering</u> | | | Father's Birthplace | <u>Maryland</u> |
| Mother's Maiden Name | <u>Della Grimes</u> | | | Mother's Birthplace | <u>...</u> |
| Name of person giving Information | <u>John H Gering</u> | | | How related to deceased | <u>Father</u> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|---|-------------------------|
| Primary | <u>Typhoid Fever</u> | <input checked="" type="radio"/> | How long <u>21 days</u> |
| Immediate | <u>Meningitis</u> | <input type="radio"/> | How long <u>7 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <u>John C. W. B. Jr.</u> | |
| | | Address <u>West Friendship</u> <u>Howard County Md.</u> | |
| Accident or Suicide? | | | |



Name
in
Full

Joseph F. Grace

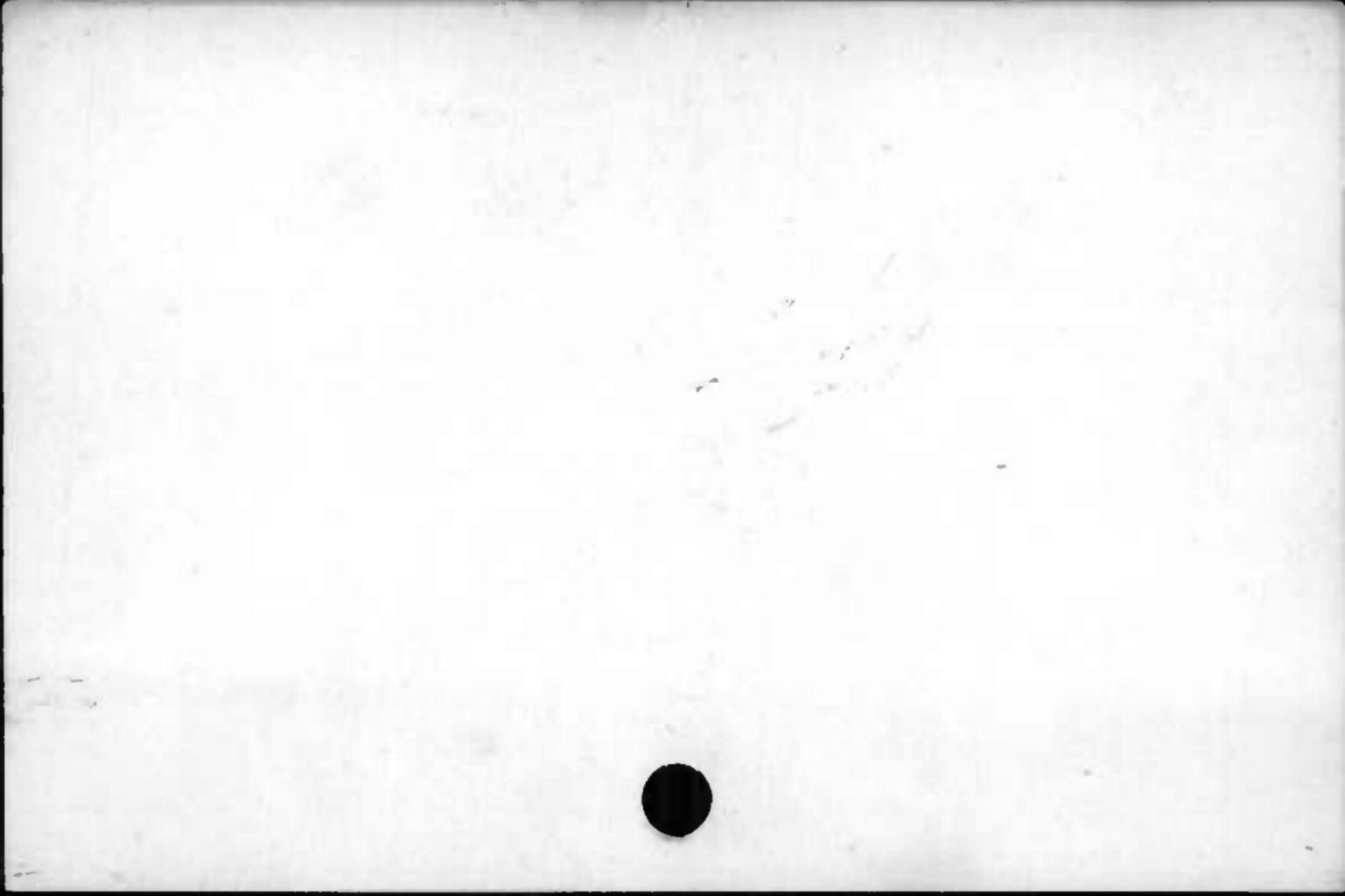
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------------------|-------|----------|------|
| Died at | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | 59 | — | — |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Algiria Yeald hall | | | |
| Father's Name | Jesse Grace | | | | |
| Mother's Maiden Name | Louise Cavy | | | | |
| Name of person giving Information | Algiria Grace | | | | |

CAUSES OF DEATH

| | | | |
|--|--------------|--|------------------------|
| Primary | Dr. Zephrius | | How long |
| Immediate | age 64 | | How long |
| Are the name, age, sex, color, date and place correctly given above? | Yes. | | Signature of Physician |
| Accident or Suicide? | | | Address |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

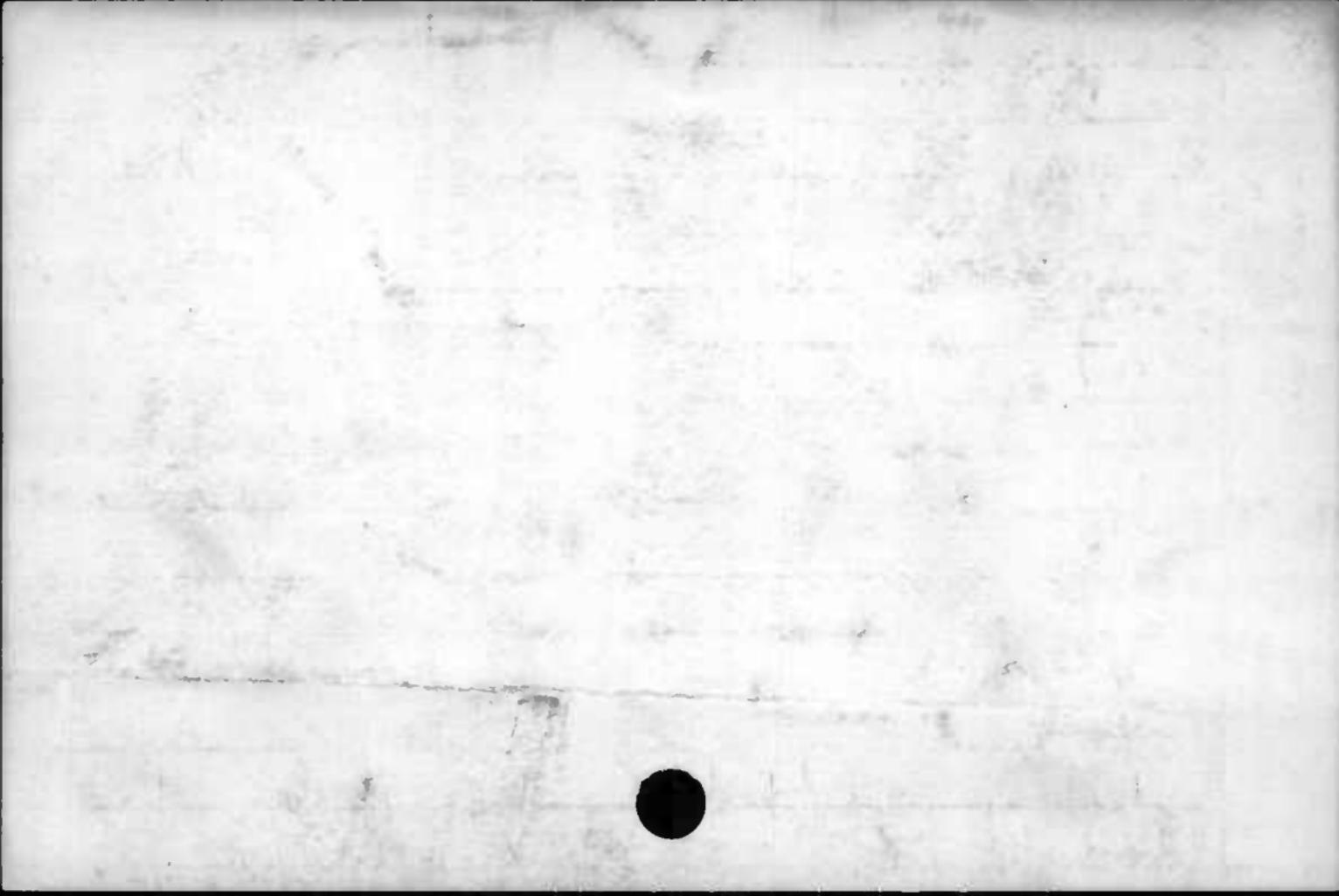
Ridgely L Griffith-

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|-----------------|-------------------------|---|-------------------------|-------------|----------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1906 | Month June | Day 1st | Years 38 | Months | Days | |
| Sex | Male | Color or Race | -wife | | Birth-place | Maryland | |
| Occupation | Mechanic | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | married | Name of Wife or Husband | Maggie Griffith- | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving Information | Maggie Griffith | | | How related to deceased | wife | | |

CAUSES OF DEATH

| | | | |
|--|---|------------------------|----------------|
| Primary | Pneumonia preceded by influenza 14 days | | How long |
| Immediate | " | | How long |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | Arthur Willows |
| | | Address | 701 Ridge Blvd |
| Accident or Suicide? | no | | |



Name
in
Full

Thomas Harding

CERTIFICATE OF DEATH

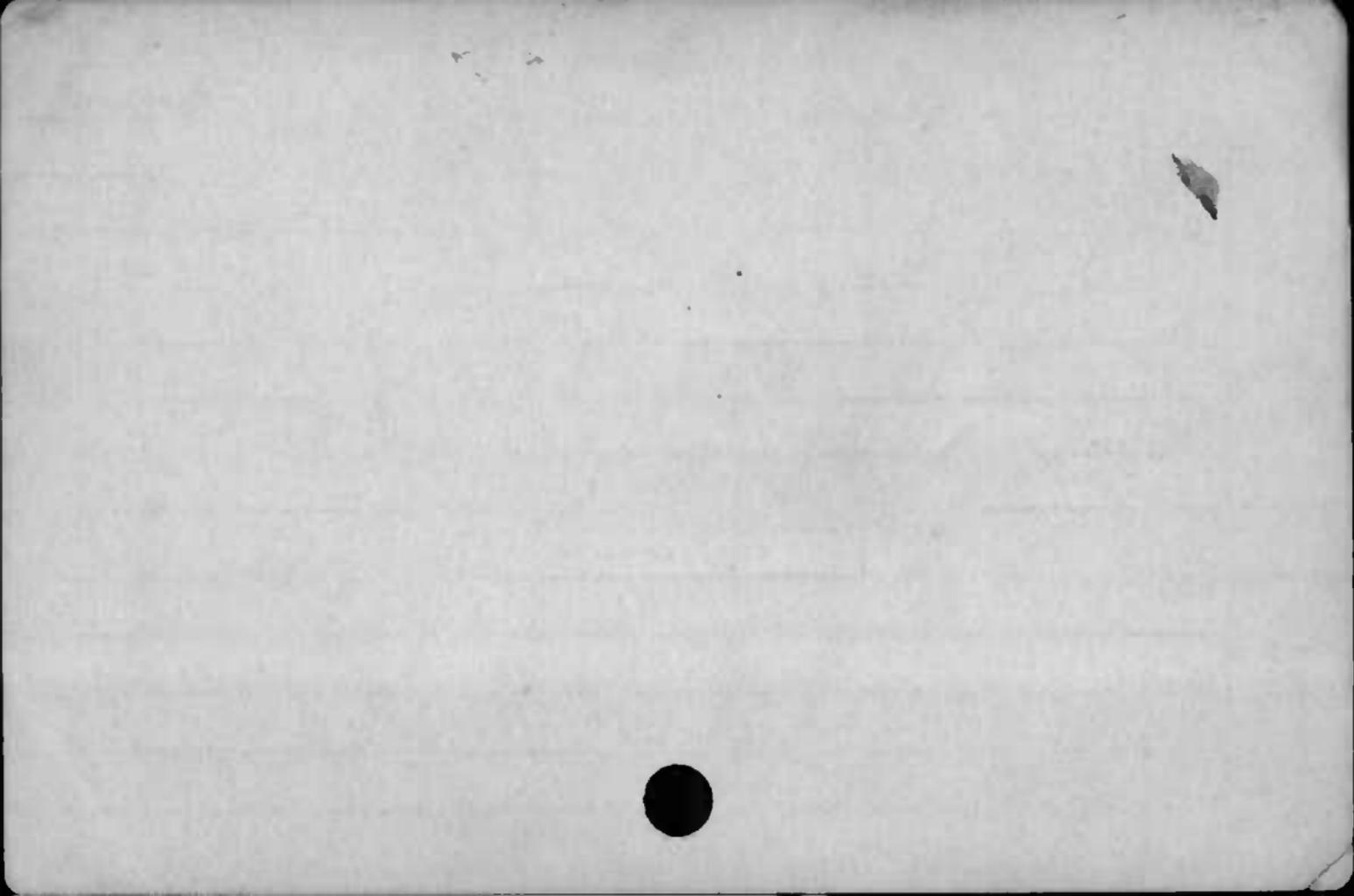
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------------------|-------------------------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | Birth-place | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name or Wife or Husband | — Thomas Harding — | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving Information | Thomas Ryan | | How related to deceased | None | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|------------------------|--|---------------|-----------------|
| Primary | Pulmonary Tuberculosis | | How long | 3 years - |
| Immediate | Neuorrhagia | | How long | 5 days |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | | | |
| Answer | J. W. Miller | | Addressee | West Friendship |
| Accident or Suicide? | | | Howard County | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Defunct

Johnson
Norwood

CERTIFICATE OF DEATH

Died at

Superserville

Town

County

MARYLAND

Date

of death 1906

Month

6

Day

7

Years

Months

Days

Age

Sex

Female

Color or
Race

Negro

Birth-
place

Md

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Franklin Johnson

Father's
Birthplace

Md

Mother's
Maiden Name

Annie Kelly

Mother's
Birthplace

W

Name of person giving
Information

Alice C Derry

How related
to deceased

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sell down

How long

Immediate

Geo

How long

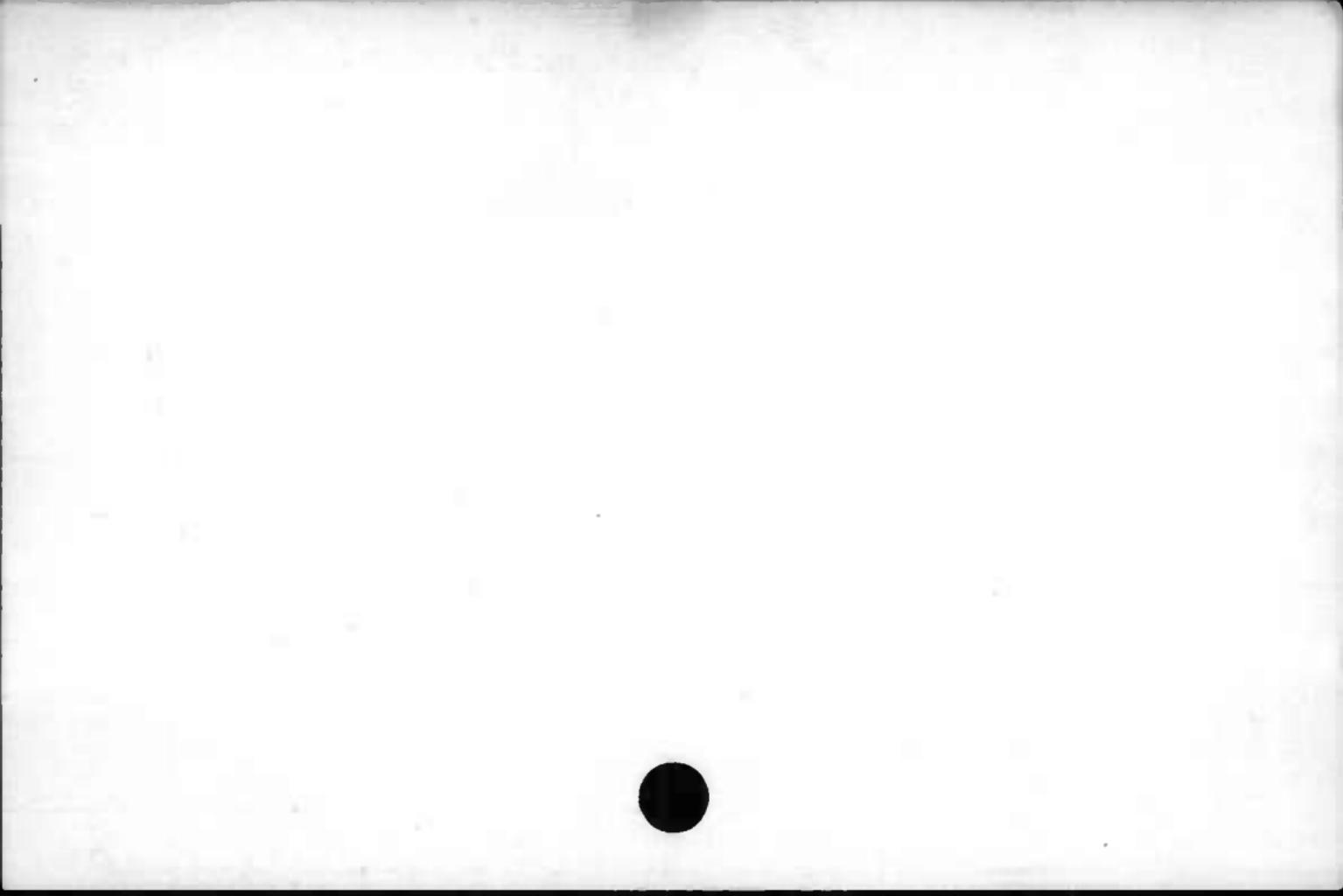
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Alice C Derry
Physician
Superserville Md

Accident or Suicide?



Name
in
Full

Eliza R. Lawrence

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1906

6

29

Age

78

2

20

Sex

fm

Color or
Race

white

Birth-
place

md

Occupation

Housewife

Where Residing if not
at place of death

Savage

Married, Single
or Widowed

widow

Name of Wife or
Husband

William Lawrence

Father's
Name

Darrene Lilibird

Father's
Birthplace

md

Mother's
Maiden Name

Elizabeth Harman

Mother's
Birthplace

md

Name of person giving
Information

Dr. Purnfrey.

How related
to deceased

daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

chronic gastritis

104

How long

Several years

Immediate

Impaction of bowels + exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M. Linthicum

md

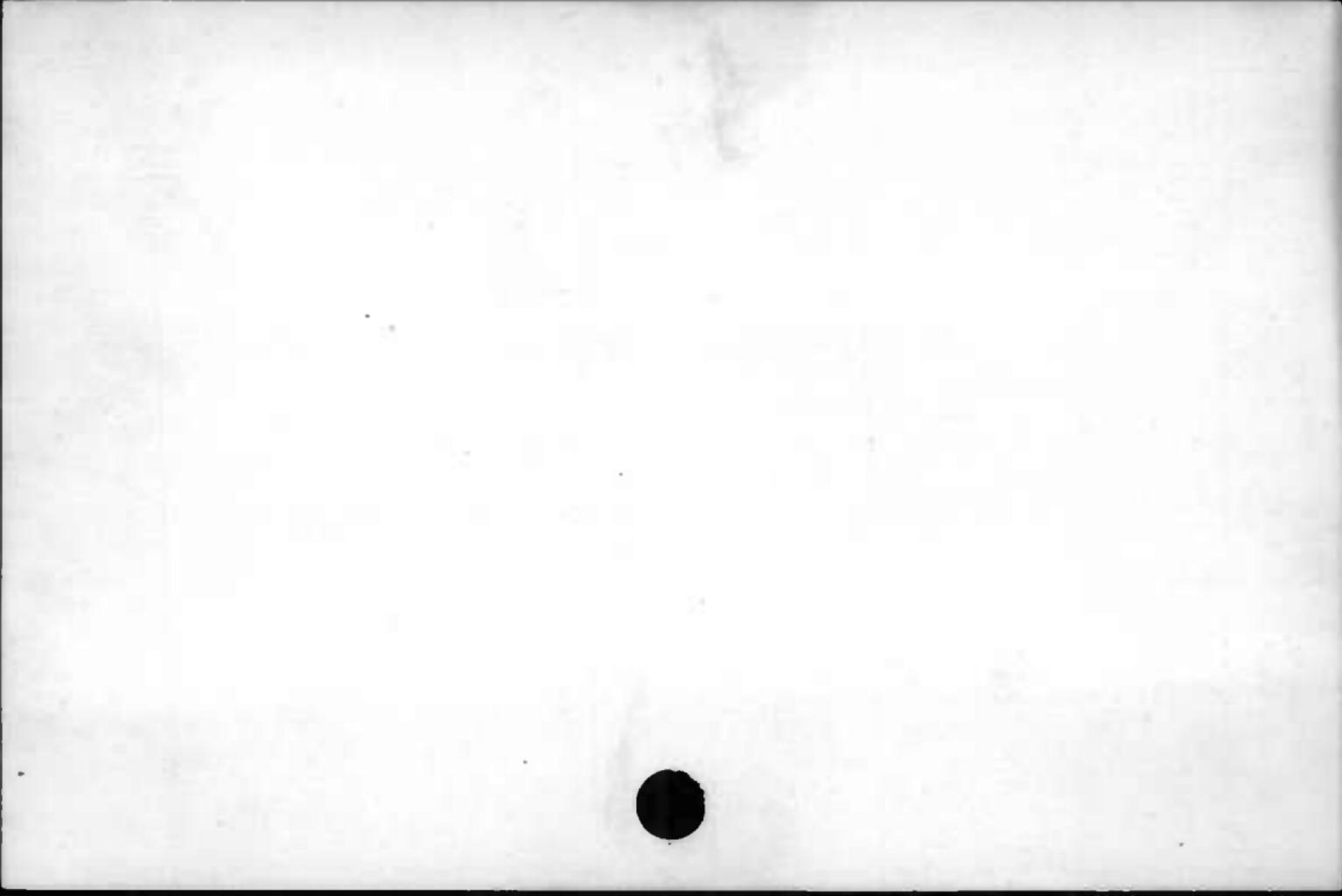
Address

Savage

md

Accident or Suicide?

no



Name
in
Full

John A. Mars

CERTIFICATE OF DEATH

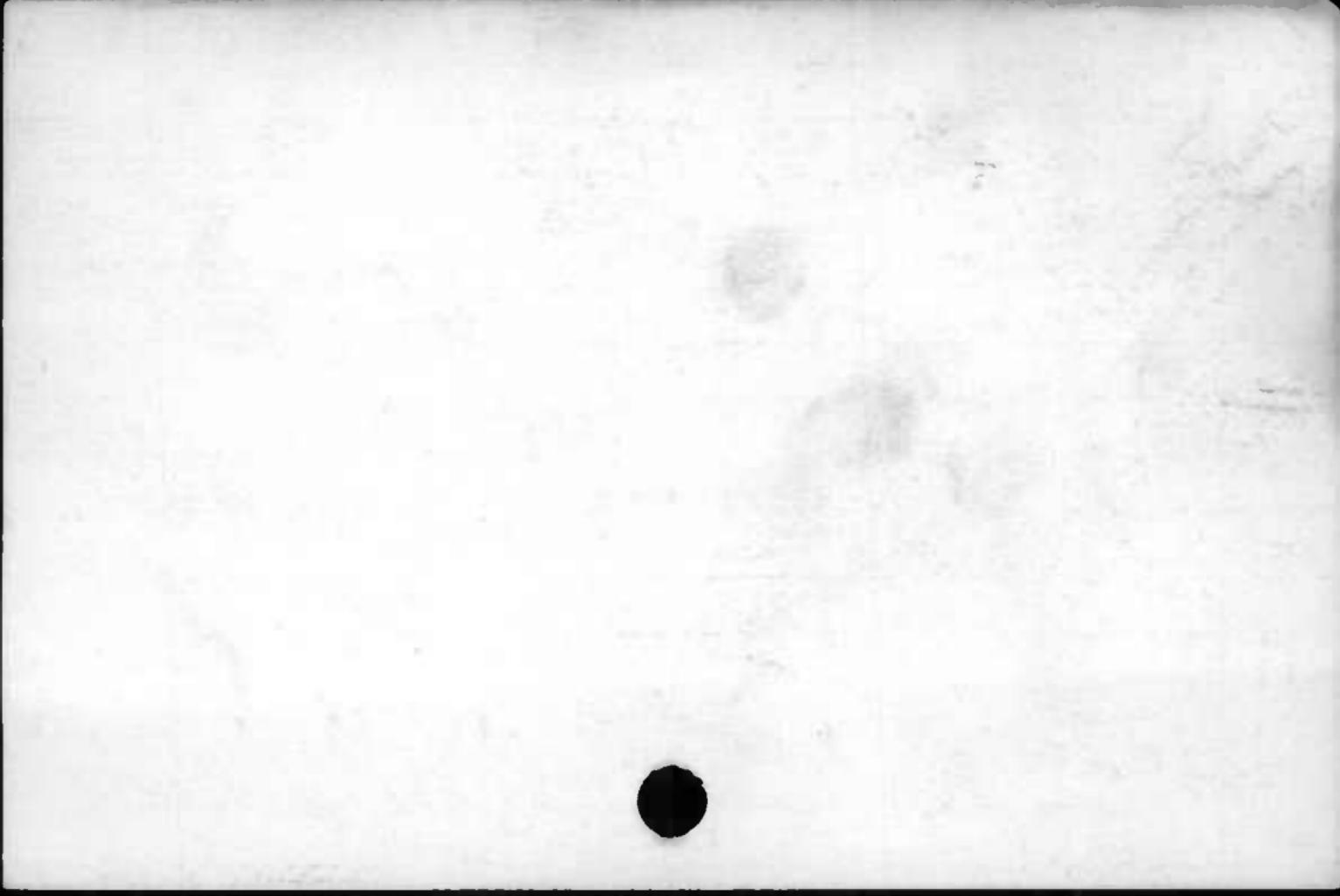
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | |
|---|--|-----------------------------|---------------|-----------------|---------------|
| Died <u>near Elkridge</u> Town | | County <u>Howard</u> | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>June</u> | Day <u>27</u> | Age <u>72</u> | Months <u>6</u> | Days <u>—</u> |
| Sex <u>male</u> | Color or Race <u>Black</u> | Birth-place <u>Maryland</u> | | | |
| Occupation <u>Farmer</u> | Where Residing if not at place of death <u>at place of death</u> | | | | |
| Married, Single or Widowed <u>widowed</u> | Name of Wife or Husband <u>—</u> | | | | |
| Father's Name <u>—</u> | Father's Birthplace <u>—</u> | | | | |
| Mother's Maiden Name <u>—</u> | Mother's Birthplace <u>—</u> | | | | |
| Name of person giving information <u>James Mars</u> | How related to deceased <u>Brother</u> | | | | |

CAUSES OF DEATH

| | | | |
|--|----------------------------|---|---|
| Primary | <u>Cerebral Hemorrhage</u> | | How long <u>6 hours</u> |
| Immediate | <u>some</u> | | How long <u>some</u> |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician <u>Arthur Williams</u> | Address <u>Elk Ridge Howard Co Maryland</u> |
| Accident or Suicide? | No | | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Dratty

CERTIFICATE OF DEATH

| | | | | | | | |
|---|---|----------------------------|-----------------|------------------|--------|------|--|
| Died at <u>Woodstock</u> <small>Town</small> | | County <u>Howard</u> | | MARYLAND | | | |
| Date of death <u>1906 June 13</u> | Month | Day | Years <u>52</u> | Age <u>about</u> | Months | Days | |
| Sex <u>female</u> | Color or Race <u>white</u> | Birth-place <u>Ireland</u> | | | | | |
| Occupation <u>none</u> | Where Residing if not at place of death <u>same</u> | | | | | | |
| Married, Single or Widowed <u>widow</u> | Name of Wife or Husband <u>Frances Dratty (O'Conor)</u> | | | | | | |
| Father's Name <u>DK</u> | Father's Birthplace <u>Ireland</u> | | | | | | |
| Mother's Maiden Name <u>DK</u> | Mother's Birthplace <u>Ireland</u> | | | | | | |
| Name of person giving Information <u>Thos McTonge</u> | How related to deceased <u>none</u> | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Siniky of Sennat</u> | How long <u>weeks</u> |
| Immediate <u>siniky</u> | How long <u>weeks</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>J. E. Shiple</u> |
| | Address <u>17 Grants Rd</u> |
| Accident or Suicide? <u>none</u> | |

Woodstack

| | | | | | | |
|-----------------------------------|--------------|-------------------------|---|----------------------|-----------------|-------------|
| Kali Nelson | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1906 | Month 6 | Day 27 | Age 60 | Years | Months Days |
| Sex | fm | Color or Race | negr | Birth-place | Md | |
| Occupation | Housewife | | Where Residing if not at place of death | | at home | |
| Married, Single or Widowed | married | Name of Wife or Husband | Henny Nelson | | | |
| Father's Name | Loren Nelson | | Father's Birthplace | | Md | |
| Mother's Maiden Name | | | Mother's Birthplace | | | |
| Name of person giving Information | Hick Nelson | | How related to deceased | | Brother, in law | |

CAUSES OF DEATH

Primary

Gastritis
Rehausen 104

How long

One year

Immediate

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. L. Livingston M.D.

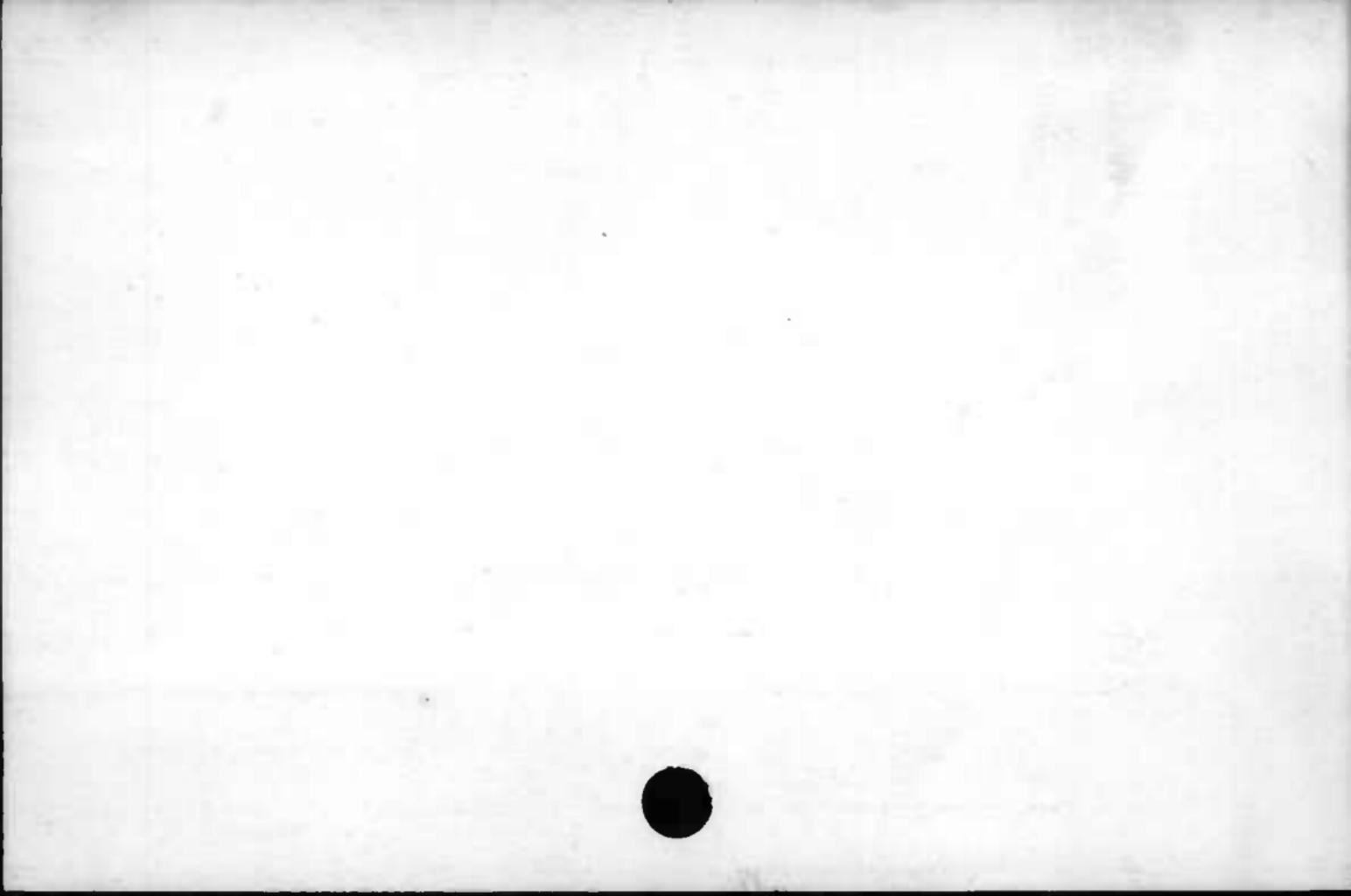
Address

Savage

Accident or Suicide?

within

Md



Johanna L Petrischeneskie

Town Ellicott County Howard MARYLAND

Died at Month Day Y. M. D. Native of Occupation

Date 1896

June 20

3 11

Native of

Maryland

Occupation

Female

Husband

of

Wife

Father's

Name

Cause of

Primary

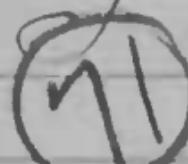
Mother's

Name

Death

Immediate

Convalescence



How long sick

2 hours

Accident, Suicide, Homicide

Reported by

Address

Mrs. B. Rose, maid
Elliot St. Md



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | |
|----------------------|-------------------|--------|-----------|---------|---------------|-----------------------------|---------------|
| <h1>Ethel Scott</h1> | | | County | | Native of | | Occupation |
| | | | | | | | |
| Died at | Ellicott City | | 6 | | | | MARYLAND |
| Date 1896 | June | 23 | Age | Married | Widow | Divorced | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Husband | Female | | Colored | Single | Widower | Number of children living | |
| of | | | | | | | |
| Wife | | | | | | | |
| Father's | Oliver Scott, Jr. | | Mother's | | Kessie Scott. | | |
| Name | | | Name | | | | |
| Cause of | Primary | | Secondary | | 8 | | How long sick |
| Death | Immediate | Asthma | | 8 | | Accident, Suicide, Homicide | |
| Reported by | W. C. Foye M.D. | | | | | | |
| Address | Ellicott City Md. | | | | | | |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wipps

Name
in
Full

Rebecca Sharps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------------|-------------------------|--------|-------|----------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Died at | Ellicott City | Howard | | | | | |
| Date of death 1906 | Month June | Day 13 | Age 26 | Years | Months | Days | |
| Sex Female | Color or Race White | Birthplace Maryland | | | | | |
| Married, Single or Widowed | Married | Occupation House Keeper | | | | | |
| Name of Wife or Husband | Father Sharps | | | | | | |
| Father's Name | John Gardner | | | | | | |
| Mother's Maiden Name | Caroline Gardner | | | | | | |
| Name of person giving Information | Rosie Biggeust (110) | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------|------------------------|-------------------|
| Primary | Acute Yellow Atrophy of liver | How long | Some weeks |
| Immediate | Coma | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | B. J. Byrnie |
| | | Address | Ellicott City, Md |

Accident or Suicide?

Mt. Gilboa

Helen Dorothea Shipley
 Died at Ellicott City, Howard Co., Maryland, MARYLAND
 Date 1896, June 21, 1917, Native of Maryland, Schoolgirl
 Male, White, Married, Widower, Divorced
 Female, Colored, Single, Widower
 Number of children living

Husband of John T. Shipley, Mother's Name Helen Shipley
 Wife Father's Name
 Father's Name
 Cause of Death Primary Tuberculosis, Phtisis, How long sick 6 weeks
 Immediate
 Death
 Reported by Jno. W. B. Rogers, M.D.
 Address Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

(Not named)

Slawowich

CERTIFICATE OF DEATH

- TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|--|--|---|----------------|-------------------------------|
| Died <u>near Dorsey's Run</u> | Town | County | MARYLAND | |
| Date of death <u>1906</u> | Month <u>June</u> | Day <u>30</u> | Years <u>—</u> | Months <u>—</u> Days <u>3</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Near Dorsey's Run Maryland</u> | | |
| Occupation <u>—</u> | Where Residing If not at place of death <u>—</u> | | | |
| Married, Single or Widowed <u>—</u> | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Peter Slawowich</u> | Father's Birthplace <u>Austria</u> | | | |
| Mother's Maiden Name <u>Souba Yarcowich</u> | Mother's Birthplace <u>Austria</u> | | | |
| Name of person giving information <u>Peter Slawowich</u> | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Austria

(120)

How long 3 days

Immediate Uremia (?)

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. B. Gambill

Gov. Street sub Roy

Address

Alberton, Md.

Accident or Suicide? Alberton



Name
in
Full

Cornelius Daniel Sullivan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---------------------|------------|---------------|---|----------|------------|
| Died at | Town | | County | | MARYLAND | |
| Date of death | 1906 | Month June | Day 18 | Years 4 | Months 3 | Days 15 |
| Sex | Male | | Color or Race | White | | Birthplace |
| Occupation | | | | Where Residing if not at place of death | | |
| Widowed, Single or Widower | | | | Name of Wife or Husband | | |
| Father's Name | Michael J. Sullivan | | | Father's Birthplace | Maryland | |
| Mother's Maiden Name | Rose M. Laffy | | | Mother's Birthplace | Maryland | |
| Name of person giving information | Michael J. Sullivan | | | How related to deceased | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|------------------|------------------------|-------------------|-----------|
| Primary | Acute Meningitis | | How long | 5 days |
| Immediate | Convulsion | | How long | Immediate |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Mr. R. Eareckson, | |
| Yes | | Address | Eek Ridge, Md. | |
| Accident or Suicide? | | | | |

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers

606 & 608 W. LaFayette Ave.

TELEPHONE 1993:

Name
in
Full

Jann R. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---------------|---|--------|-------------|----------|------|
| Died at | | Town | County | MARYLAND | | |
| Date of death | | Month | Day | Years | Months | Days |
| 1906 | | 6 | 21 | Age | | 23 |
| Sex | male | Color or Race | black | Birth-place | Md | |
| Occupation | Infant | Where Residing if not at place of death | | | Glendale | |
| Married, Single or Widowed | sing | Name of Wife or Husband | | | | |
| Father's Name | Frank Thomas | Father's Birthplace | | | Md | |
| Mother's Maiden Name | Salina Herden | Mother's Birthplace | | | Md | |
| Name of person giving information | Frank Thomas | How related to deceased | | | father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

15

How long

-

How long

3 months

Immediate

Inanihin

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F.W. Livingston M.D.

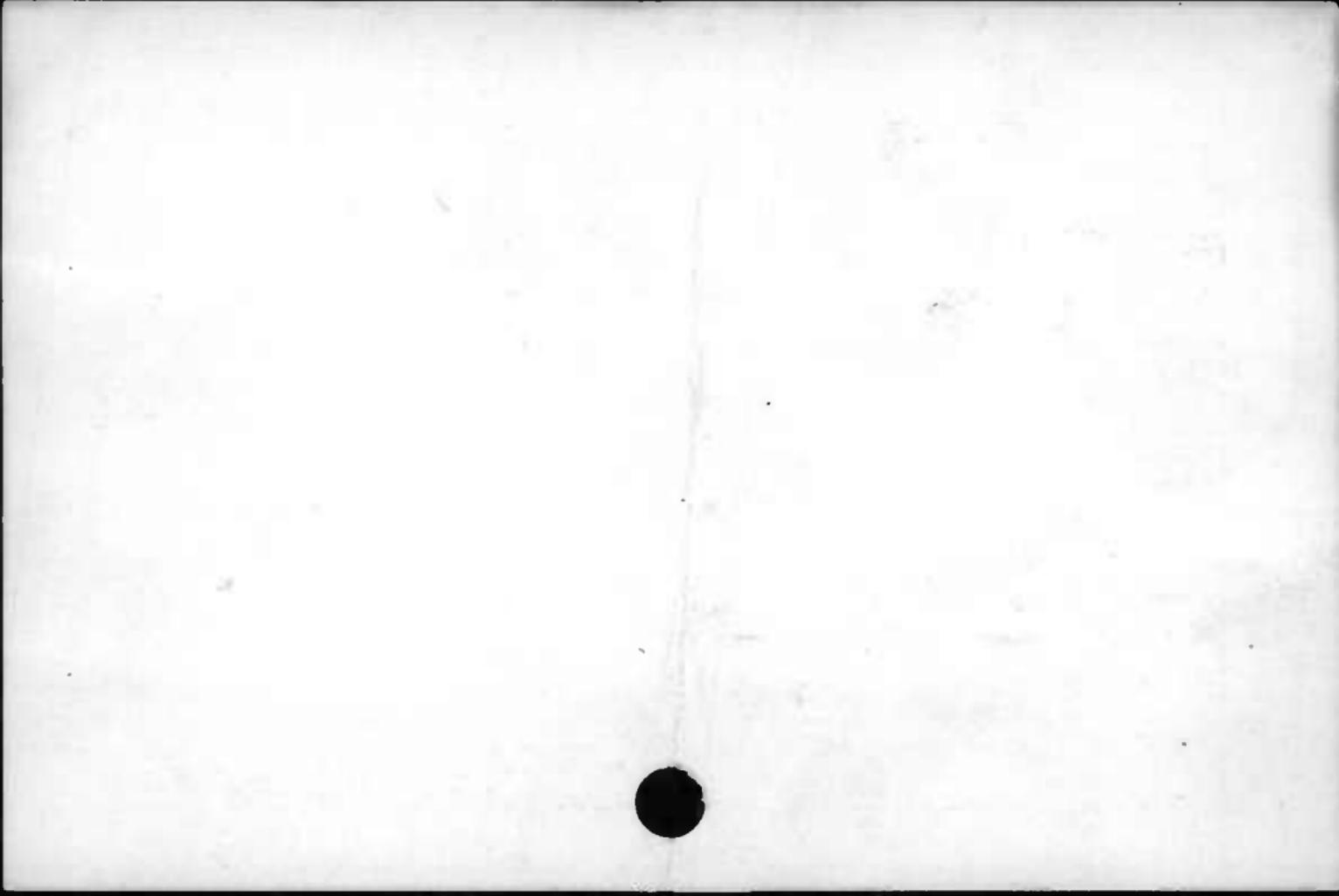
Accident or Suicide?

With

Address

Savage

Md



Name
in
Full

Alvin Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--------------------------|-------------------------|---------------|----------|--------|
| Died at <u>near Elwood</u> Town | | County <u>Howard</u> | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>Jan</u> | Day <u>10th</u> | Age <u>20</u> | Years | Months |
| Sex <u>Female</u> | Color or Race <u>Col</u> | Birth-place <u>Home</u> | | | |
| Married, Single or Widowed | Occupation | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | <u>Bo Williams</u> | | | | |
| Mother's Maiden Name | <u>Julia Powell</u> | | | | |
| Name of person giving information | <u>Father</u> | | | | |
| Father's Birthplace | <u>Mont Co</u> | | | | |
| Mother's Birthplace | <u>Howard Co</u> | | | | |
| How related to deceased | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|-----------|--|----------|
| Primary | <u>Dysrial</u> 177 | How long |
| Immediate | | How long |

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Julia Powell

Address

Accident or Suicide?

